

**CITY OF CHICAGO**  
**DIRECT PAY RATES**  
EFFECTIVE JANUARY 1, 2010

11/10/2009

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$540.10	\$964.61	\$1,353.06
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$178.23	\$347.26	\$568.29
<b>HMO</b>			
BLUE ADVANTAGE HMO WITH VISION	\$349.15	\$665.14	\$1,013.39
UNICARE HMO PERFORMANCE WITH VISION*	\$446.84	\$931.96	\$1,306.84
<b>ALTERNATIVE COVERAGE</b>			
ALTERNATIVE COVERAGE	\$186.15	\$372.30	\$558.44
<b>COMPBENEFITS DENTAL HMO</b>			
COMPBENEFITS DENTAL HMO	\$10.89	\$25.17	\$25.17
<b>COMPBENEFITS DENTAL PPO</b>			
COMPBENEFITS DENTAL PPO	\$16.32	\$31.82	\$55.49
<b>VISION ONLY</b>			
VISION ONLY	\$3.37	\$6.73	\$10.10